

Davis, Mike 2005

Dr. Mike Davis Oral History 2005

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Interview with Mike Davis
Interviewee: Edward McManus
December 16, 2005

Mr. McManus: This is an interview with Mike Davis and he just signed the consent. It is December 16th and we're going to talk about the history of the NEI Program Planning. The first question is what is: what is your job now; and when did you come to the NEI: where were you before that and you're involvement in NEI Planning. One of the things that I'm trying to do in this Planning chapter is sort out the formal requirements for planning and how NEI and NIH accommodated to them and I know you have a lot of personal history in that.

Mike Davis: My current position is one that you're familiar with, it's Associate Director of Science Policy and Legislation. They did change the name of the office, so I'm also the Director of the Office of Program Planning and Analysis. They did that not too long ago, because NIH was concerned about the legislative activities that each of these offices were doing. And they were concerned that these activities were something that perhaps the department would frown on and might actually take over a lot of these offices and the people.

Mr. McManus: Did they have several things?

Mike Davis: Yes, so NIH strongly suggested that we might want to change the names of the legislative offices. I came to the institute in 1984 and prior to that I was the administrative officer for a NIDDK group in Phoenix that was, The Phoenix Epidemiology and Clinical Research Branch. This was a long-standing study of diabetes in Pima Indians. And when I got there, there were two sections rather than a single branch. There was a clinical research section and an epidemiology field studies branch that was run by Dr. Peter Bennett. They actually collaborated with the Eye Institute—with the NEI clinical director, Elmer Ballintine on the diabetic retinopathy and reading fundus photographs and so forth. Now I never met Elmer while I was out there, but that had been sort of a long-standing relationship with the NEI. I came to the Institute because I was looking for a job. I had interviewed with Julian Morris and Dick Sherbert and a few other people at NIH during a trip from Phoenix, because my wife had been working with the Center for Disease Control (CDC) and they closed the field studies group in Phoenix. Her choice was to either go to the CDC or stay in Phoenix. We felt that it was not a good idea for both of us to work for the same group from NIH, although my group offered to hire her. We were concerned about how it would look for us to be working together. The NIDDK didn't have a problem with it but we were a little concerned about that whole thing. I started there as a research associate doing radioimmunoassay and tissue culture bench work. But because of my military experience, I was pushed in the administrative direction. I got all my procurement certifications and everything. When I came here to interview with Julian, he was sitting in the office by himself; it looked like there was nobody here helping him. I interviewed with him, and I thought this job is a real long shot because they would probably put me in some other administrative area. National Institute of Neurological Disorders and Stroke (NINDS) did have an offer for me but I decided to take one with Julian and do something different, which was the program planning position. I had grabbed a copy of the '83—'87 plan on my way out of the office after the interview and I read it and I thought wow, these guys are really very aggressive in research and program planning. So anyhow, that is the way I got here. I was hired as a program analyst to work with Julian and Terry Gillian. Terry was here at the time and we were at that point in time trying to do what was known as the midcourse evaluation that became the '83—'87 Evaluation and Update. But it was intended at that time to be just a little tweaking of the all out three-volume plan.

Mr. McManus: Was Anderson the Chair of that one do you remember?

Mike Davis: Uh, no. Let's see here...

Mr. McManus: Steve?

Mike Davis: Steve may have chaired that particular one.

Mr. McManus: He should have known better that it was going to be more if he was the chair.

Mike Davis: Right. It ended up being quite an extensive review of the material. And basically the plan was re-written at that point.

Mr. McManus: You alluded to the fact that you looked at the plan and read it and saw that it seemed to be kind of aggressive. And that might be different from you what saw happening in the other institutes planning operations. But how did NEI program planning differ from other institutes at that point? You may have picked up the experience about that later on rather than then.

Mike Davis: The experience that I had from our group, the Phoenix Group, was that we started what we called the five-year study and I think, although I can't say for sure, the five-year study and how that was planned was the way that many of the institutes did their priority setting. I think there wasn't really a formal process of priority setting for a lot of the institutes. Everybody had their own way of doing it. And it usually involved the upper echelons of the institute and a few trusted advisors who would get together and talk about what ought to be done. Maybe somebody would scribble out a few words about what we are going to do and here are the next steps and that sort of thing, but there was no formalized structure to it.

Mr. McManus: Systematic.

Mike Davis: Exactly. And so I was surprised when I got here and looked at the planning that the NEI did. Julian told me right off the bat that many of the other institutes had some sort of planning process and that the one that he looked at most closely was for the National Heart, Lung, and Blood Institute (NHLBI). At that time they were doing some kind of plan—and I can't remember the guy's name, was it White?

Mr. McManus: White was over in the information side but I can't remember his name either.

Mike Davis: Anyhow he was involved in planning and many of the programs that eventually became very popular in NHLBI—the cholesterol program and a lot of others—they had their early beginnings there, but most of the institutes had less than a formal process. And when I saw what the process *really* was for the NEI, I was really pretty impressed because it did what other institutes didn't. You asked people-trusted advisors, experts in the field what the next steps should be, but you didn't confine it a very small group, one or two people who were very vocal.

Mr. McManus: Right.

Mike Davis: We always had the expert panel approach and these people were asked to do, to look in a very structured way at...

Mr. McManus: What do you mean by structured?

Mike Davis: Structured way...

Mr. McManus: What were the objectives is what I'm trying to find out.

Mike Davis: Yeah, you're trying to get out of me those objectives, but I'll add more to that because...

Mr. McManus: Because I'm struggling with it, explaining it in this, and I feel it needs to be explained in this chapter and I'm struggling with it.

Mike Davis: Right. Everybody—the one thing I've learned after all these years of doing the planning, is that everybody struggles with it. Everybody struggles with it not because it's hard to understand, but because it's hard to explain. There are people that feel that planning should be done from a beginning point and you follow this orderly progression of things that should be done. We always said that the first thing we should do is assess the progress. What progress have we made? And the next thing you should do is evaluate the needs and opportunities. And then among those needs and opportunities what are those things that can be done—because you may have a need but the technology needed to do it may not be there. You may have an opportunity but no need, or you may have some combination of all of those things. And then ultimately you try to devise some strategy to accomplish those needs and opportunities. But people would always ask well, do we have to start here? Some people want to start with the needs and some people say, no wait, wait, we've got to start with the evaluation of the progress. And as near as I can tell, it really never made any difference where you started. The important part was that it began a thought process that would go on. It varies based on the way people are built or think. Some people are built in such a way that they read material and they say, ah—I see the way to do this is to or I've just read all this and I see an opportunity here. Or, oh, I know this background information, and I see a need here. Or, some people have to read what's happened. Here's what has been done and we've made incremental progress here. Now we can go two steps further in this venture. We can take two more steps and move ourselves further along. Or, maybe they realize we've done all that we can right now.

Mr. McManus: Right.

Mike Davis: We've actually gotten to the end point, and we've given ourselves a pat on the back and we're done. The fact is that NEI had a structured process that allowed people to think through it, if they couldn't come up with it on their own. In Phoenix without a structured process, we came up with a process for setting research priorities, but we sort of bumbled along into the process as opposed to it being a structured process that is written down.. Otherwise you allow people to say I really don't know much about the background or the need or the opportunity, but what I can say is this is what you should do next. But, anyhow that is why I felt it was important for the process to be structured at the NEI, and that was recognized long before I got here.

Mr. McManus: How did the planning requirements for OMB and the department. Some of them with program planning budgeting that kind of came in, in the 60s and 70s? How did that effect the NEI planning—and I know that some of them were already in place when you came here. But how did it impact on planning? Was it an impetus for planning? Did it help legitimize it? Did it make it worse?

Mike Davis: I think that there were a number of reports that were done from the mid-60s on into the 70s and these things seemed to have a life of their own. And I'm trying to remember what the one was. It was some kind of evaluation plan prepared by the Department, and it was done every couple of years or every year or something like that.

Mr. McManus: Right.

Mike Davis: And I think it provided some part of a rationale for doing planning. It was not why it was done. In fact the planning process was a tool that provided the answers for what they requested. They were looking for initiatives to fund and results to highlight. That relationship with the Department has fundamentally changed the NIH. Now, the way that we used to do things is not the way we do things now. The way things were funded, the way things were thought about at the Department, are totally different from the way they were.

Mr. McManus: The reason that I asked that question even as I'm writing this I start saying well we did this and we did that and kind of semi-revolutionized some of this planning like that and I knew in the back of my mind that there was all this other stuff going on. It wasn't just a—and it helped, it helped legitimize what we were trying to do.

Mike Davis: Right.

Mr. McManus: And I wanted to kind of get your...

Mike Davis: And I think that in many of these...

Mr. McManus: You know an objective was okay.

Mike Davis: For many of these processes or activities, there was no single reason for doing them. But it seemed you had to have an excuse to do planning. It was like the question I used to hate—who is the audience for the plan?

Mr. McManus: That's right.

Mike Davis: You know we used to always get that. And the fact of the matter was, the plan had too many audiences for everybody to embrace it wholly. So if it were just specifically written for Congress you'd write some specific kind of document. And you remember the scientists would always come with the preconceived notion that the audience for the plan is Congress right? And we'd say no, it's not just Congress; it's the scientific community; for advocacy groups for lay people; its people who want to know more about vision research; it's people who want to know more about science; it's people who are thinking of being converts to the Vision Research cause. And so it covered too many bases to be embraced as this is the perfect document. But it provided a rationale for doing research planning. It covered all those bases, because we couldn't do it otherwise. You couldn't write a plan for one group and have it meet as many needs as the plan did. So, yes, we had other things going on in the Department, planning and other requests for initiatives. We would get a request about an initiative for a particular area of research, and we would dig through the plan and find a related research proposal. So, the justification for planning was 10% of this and 5% of that and 4% of this until you get up to 100%. But all these things were background for and justification for having a bank of ideas that you could draw out at a later time from the plan.

Mr. McManus: Now that's good because it's about the way that I envisioned it. To get more specific, one of the things that I came across it's kind of interesting to do some of this stuff. And it's probably you lived with it because you were right on the front lines of this one. How did the research questions business come about? Research questions kind of as the priorities. And I know that initially I was pretty heavily involved in the program planning and then in later years I'd only be deeply involved if there was a fire or at certain times when you and Julian needed me. And the research question thing just kind of completely surprised me and then I guess I forgot it.

Mike Davis: Well, I think the research questions anticipated GPRA.

Mr. McManus: And GPRA is what?

Mike Davis: A Government Performance and Results Act, which essentially put the ground rules down for strategic planning in the government. But prior to that we always tried to move with the times with the plans. The plans weren't static documents. Our planning process was always trying to anticipate what was going on. And one of criticisms that we always had was for the '83-'87 plan with the program base and program development priorities. And people would say that the priorities were somebody's research proposal that we were trying to accommodate. They would say they knew who wrote a particular section. I know why that section was included. But there's always an element of that when it's written by so many different people and to meet so many needs.

Mr. McManus: Always.

Mike Davis: And that's a fair criticism. But the questions arose in because scientists are taught from the very beginning to determine what is the research question that should be studied.

Mr. McManus: John Dowling and I—we were talking about this and he thought that was always right from the first plan.

Mike Davis: No.

Mr. McManus: No?

Mike Davis: No. Absolutely not. That may be what was going on in his mind. And again what was going on in his mind...

Mr. McManus: No, it's a big advance and I think program priorities made it much more understandable to the scientific community.

Mike Davis: It made it understandable, but it was a nightmare to implement. Having been trained in science, I thought this makes ever so much sense to start with the research question and then determine to see what we can do. But in fact from a practical standpoint people were buffaloeed by that. It was much easier to say well you ought to look at this area, or this area ought to be a high priority than it was to form the research question and not have it be an over simplification. And so in the end, we had to formulate many of the questions. They could tell us how to could get to the research objective level, where you're trying to get to.

Mr. McManus: Right. Right.

Mike Davis: And maybe even tell us the hot topics in that area, but really formulating the research question was difficult. So that ended up being a problem. It made sense, but it was a problem.

Mr. McManus: One of the things that would be nice if you could do—you don't have to do it now—you could just send it to me or lead me to obtaining a particular plan. Is a kind of an easy to understand, example of a goal-objective and priority. And I remember one time Lori Ann McNichol explained it for me with the cornea and said that the objective was to keep the tissue clear. It was really—and I don't know that's the one to use and where it is, but I think when I do this chapter, when I talk about goals, objectives, priorities and research questions I ought to have an example. And you don't have to do it now you can just send it to me.

Mike Davis: I think that that was always a problem for the expert panels also it's even a problem in GPRA. The GPRA fairly clearly defined what the difference between a goal and an objective is. The goals are overarching aims of the research and the objectives are the pieces that you need to do to accomplish that goal.

Mr. McManus: That corneal one was good because it was like treating and curing corneal disease or something. The objective was keep the corneal tissue clear. I thought that was rather—even I understood that. And one of the things that I'll do is this transcript will be typed up, I'll send it to you, you can edit it, do what you want. Then we'll have a file transcript which will be made available for the historical part, but if there's any changes you want to make to this draft, please do it. How did you view the role of the NEI Council in doing program planning were they very active, acting as our agent because we really wanted to do the planning or some of both of the above? I know that's a leading question.

Mike Davis: It is a leading question, it's also a delicate question because for many years we told them that we needed them to lead this charge. In fact we needed the cover of Council to do the planning that we wanted to do.

Mr. McManus: I think I ought to write this that way.

Mike Davis: Well, you may not want to say under the cover of Council.

Mr. McManus: No, no.

Mike Davis: But the fact of the matter is during that time, because so many things were fluid in the various administrations that were in charge throughout the last several years, you never really had a sense of whether you were going to get beat up because you came out with a proposal for doing things that clearly was going to cost more money than you were given in your appropriation. *NB: A part was lost here changing tapes when we talked about a press conference announcing the first plan featuring Mary Lasker.)*

Mr. McManus: I'm going to keep that Mary Lasker piece in history.

Mike Davis: Yeah.

Mr. McManus: And I'm going to say that was one of the reasons we did it that way and that having such a press conference featuring Mary Lasker and trying to subvert the President's budget for NEI was not a good idea. Hopefully then nobody else will make the same mistake.

Mike Davis: Well NLM followed in our footsteps so I think it...

Mr. McManus: And we all had trouble with that.

Mike Davis: And they got nailed for it so it was...

Mr. McManus: I forgot about that.

Mike Davis: Yeah but they got the letter. And I think they furnished us a copy too of the nasty letter that they got from the Department for budget busting. But you know that was—it was important at the time for us to have the Council being the group viewed as being in charge of this. And in fact, you well know, Carl had final say so as was his prerogative as director on practically everything that had to do with planning. And in some cases, particularly in the latter years when we would meet with the NAEC planning subcommittee and then perhaps decide something, and then on second thought he might decide something else. And that often created a little bit of a dilemma for us at ground level to explain to the chairs and co-chairs why something we agreed to do we were not doing. So we needed that Council umbrella to do these things. I think more because we felt we needed it, we didn't know what would happen, and there weren't a lot of people doing a lot of strategic planning at NIH. Once GPRA was established it pretty much clearly put the burden of responsibility on the institutes...

Mr. McManus: The management.

Mike Davis: Or the management of the organization. And it says you do it with the knowledge and advice of outside groups including Congress. But the responsibility for it rests with federal employees.

Mr. McManus: Managers.

Mike Davis: Yeah. The federal government has its responsibilities for doing strategic planning and the people who are doing the planning have to be federal employees.

Mr. McManus: And I'm trying to explain this to Nancy Berlage, our historian, why we were involved in Council and I think that's a good explanation. All along it wasn't expected of institute management to do strategic planning. And it was Tom Kennedy, when we interviewed him he said the NIH in the late '60s didn't do scientific—in his office—didn't do scientific program planning. And so we were kind of going against the culture.

Mike Davis: Yeah.

Mr. McManus: Do you have any comments about that? Is that—what do you think about his statement when he said that?

Mike Davis: I would probably accept it from his point of view. And I think everybody had a point of view. Tony Fauci's been out here a long time (chuckles), if you talk to Tony, Tony has his own way of strategic planning and it isn't the same way that we do it but it is a knock-down drag-out process of strategic planning. And I you can't say that across the board it wasn't done. There were probably areas that it was but probably many groups just had an informal process of priority setting.

Mr. McManus: And what he did, what Tom and them did was very important. It was a great analytical office over at OD, NIH in those days. And they did numbers of grants and numbers of fellows and stuff like that, but planning was pretty new. So the program analysis part of that office was very, very big.

Mike Davis: Yeah.

Mr. McManus: And program planning wasn't big anywhere in the department.

Mike Davis: That's it.

Mr. McManus: How did the NIH Biennial Reports impact on the NEI planning? How do they relate?

Mike Davis: Again, I think that was one of the requirements laid down by Congress that kind of asked the question that we're getting asked now—what did you do with the money? You've got to explain this. We give you these increases year after year so we need a report that clearly defines what it is that you contributed. From our standpoint it was—once again—I guess a kind of tail wagging the dog in that what was reported in the Biennial Report. It was that bank of ideas and priorities and accomplishments that were taken out of the plan. It was that sort of a thing where...

Mr. McManus: Isn't there a substitute for the plan in certain years?

Mike Davis: Not really. Not truthfully. We had—I think we were...

Mr. McManus: I mean there was a couple of years there wasn't a plan published.

Mike Davis: I have probably a different view from your recollection of what that whole thing was about.

Mr. McManus: No, I didn't even remember it until I ...

Mike Davis: Yeah. There were holes in when we did the plans and when we did program planning, it was a knock down drag out effort. And of course Julian was involved up to his eyeballs while he was healthy. And when he wasn't healthy the rest of us were in way over our heads. But things always couldn't be done his way at the same time if you farmed it out to have other people do it. So he wanted to be in control but by the same token we really needed additional support. I think you remember I put in a big request for that. If you don't have the support you can't do an extensive planning effort.

Mr. McManus: Right.

Mike Davis: There were periods when we were actively involved in doing so many other reports, because we also did all the reporting in the other areas that we couldn't do the plan. We just couldn't manage that kind of a planning effort where you got a two year involvement and everybody's working nights, weekends and everything else to try to pull together a final document.

Mr. McManus: Right.

Mike Davis: But it didn't really substitute. What ended up happening, my recollection is that '83—'87 was a nightmare for the people, because I came in on the aftermath.

Mr. McManus: Right.

Mike Davis: And we went from the '83—'87 and when I got here in '84 we were supposed to be starting this mid-course. The mid-course became a new plan. It was actually the evaluation update of the '83—'87 plan but it didn't come out until '87. It came out at the end and it was supposed to be an evaluative tool that would allow you to do another plan, but instead it was the another plan. It was the next plan.

Mike Davis: So I was explaining the chronology. So the '83—'87 evaluation and update should have been, we should have scratched the title and said this is actually the '88 to '92 plan. It was totally revised and all. We didn't come out again with one, although we intended to do one in '92, but we did something—we had a planning activity that didn't go anywhere and it was called The New Strategies Meetings. And we had a series of small informal meetings with people about breakthrough technologies. We had one for each program and sat down with the folks and each program director. They were supposed to write up a little summary of that and they did on an informal basis but that actually didn't move along. It just sort of languished there, but again because we were doing these other reports and I think we'd probably run out of steam at that point in time. This next one, the '94 to '98 plan was intended to be the '92 to '96 plan and it was two years late in coming out.

Mr. McManus: And we used the biannual report at least twice maybe three times as kind of the surrogate for the plan.

Mike Davis: Right I think we just put...

Mr. McManus: We put the budgets in there.

Mike Davis: I think we tried to put the best face on the fact that we didn't have a plan to follow the '83 – '87 plan. What we should have done, was to re-title the evaluation and update and repackage it as the new plan, but we didn't do it.

Mr. McManus: Okay.

Mike Davis: And at that was really what happened. And I think Julian had a lot going on in his life, we were two years coming out with the '94 – '98 plan and that was a major part of the reason.

Mr. McManus: I looked at the biennial reports and they were good, I mean it was useful. Especially the first and second time we did it when we put the budget—we were the first ones to put the budget in and that was one of my pet things with the whole thing. Okay. That's good and we'll still see if I get that right.

Mike Davis: And we probably used a lot of material from these new strategies meetings for that, you know for those biennial reports...

Mr. McManus: That's what I'm going to say.

Mike Davis: And we also, within '94 – '98 plan reference the fact that we had these meetings and made a little summary of that in this document as well.

Mr. McManus: '93 to '97?

Mike Davis: In the '94 to '98.

Mr. McManus: '94 to '98. Okay, that's good. Now how many plans were there through Carl's tenure? There was '99 to...

Mike Davis: There was '99 to 2003.

Mr. McManus: Great. Which was really during his time. So that's probably six or seven. And I'll get that okay. That's good. We talked a little bit about this but, I guess we talked about how we compared the NEI plans with that of the other institutes and you did that, and it changed later on. Everybody is pretty much up to speed with planning now?

Mike Davis: No.

Mr. McManus: No?

Mike Davis: I think that is sort of an epilogue. I'll give you a small epilogue. Varmus did not embrace strategic planning. And while many of the things we did were planning at the NIH level, his areas of emphasis were the priorities for NIH and all. But he kind of ran out of steam with that and then he felt like he needed to do something and so he told everyone that they needed to do a strategic plan as he was walking out the door. And we had just completed our plan so we just used that. The ICs put them up on their websites, but I don't think those have been rigorously attended to. And other things have taken place. We got a new director and his way of program planning is "Road mapping" and he just doesn't call it program planning. Having taken a lesson from Bernadine Healey who wanted to do the strategic planning for NIH and had it really sort of fall flat, he came in and said we're going to do a roadmap, and people went oh, that's great.

Mr. McManus: I think it that maybe Healey's plan turned a lot of people in the scientific community off because it was talked down, so he had to come up with something else.

Mike Davis: But it anticipated GPRA, which then said that's the way you should do it, so.

Mr. McManus: Yeah. And I already asked you about your reaction to the quote from Tom. What impact do you think NEI planning has had?

Mike Davis: Well you're going to get my biases, and I'm sure you have your biases. I've looked at all different ways to see what the real impact and what the imagined impact and so forth, but I honestly think that the best impact that it has and has had on the vision research community. For me was the best part of all the meetings were assembling the people who are experts in the field and tasking them with the responsibility of looking into their crystal balls or using their expertise to tell you where the next breakthroughs were going to come. Where should we invest the money? What should we do? And every person involved in that took it extremely seriously. The fact that they actually sat down and thought about it for a day or two days, thought about what the priorities should be, of course there will be some people who would say, yeah—my area. But on the most part when you get scientists all together, and they start on this roll of which way should science go and what was the best thing to do, they all lose themselves and start spilling the beans.

Mr. McManus: Yes, yes.

Mike Davis: The good ideas come out and all that. That was the best thing that came out of strategic planning. I think it put the Eye Institute ahead; people were able to understand the process. It wasn't the imagined increases in budget, it wasn't any of those other things, but it was more of an intangible thing that you made the people that counted think about it. And if we assembled 20 people per program, and we had a hundred folks who came and thought that seriously about it and analyzed what progress had been made, thought about where it ought to go. If we had a hundred great new ideas that came in, just from those people, as a result as strategic planning, it was worth it. And that was the advantage.

Mr. McManus: Yeah, and I think I would take that impact that you talked about which I absolutely agree with and say that that impact, as you said it on NEI management was very significant. It helped guide them on what to do. If somebody came up with an idea that somehow hadn't been sort of worked in the planning, you could challenge it and say where did this come from? You might not win, but you could—and it kind of made you think that you knew where you were going, maybe even if you didn't. And I thought that was very useful.

Mike Davis: I thought it sort of backed up people who might feel uncomfortable otherwise, saying this is where it should go. To be able to go to the plan and say well actually all these really smart folks were putting this together when I was in that room and they said this is the way you ought to go, so to advise a grantee or whatever of our next steps was a good thing. The other thing—this doesn't exactly fit into that, the one thing that I think you tried to do, perhaps unsuccessfully in later years, was the non-blue sky scenario. Making people think about how you really come up with what the priorities are. Not everything can be a priority. If you had everything being a priority, nothing is a priority.

Mr. McManus: Right.

Mike Davis: And I remember hearing about your non-blue sky speech to Council and all that and how they struggled and revolted and squirmed and everything. And the thing is that that's the component that so often is missing from the federal sector kinds of plans. When you don't have unlimited resources, these things are lifesavers. In times that we are going through now, it would have helped if they had taken the view of what are the most important priorities. But if everything is a priority you're picking and choosing. You know what you want in those times is good advice and the good advice is, well it's not good advice today if I just say my project really ought to keep going because it's really good.

Mr. McManus: What else you do want to add about program planning.

Mike Davis: Well.

Mr. McManus: I mean I know, I was going to ask, I had done a thing about it and I thought I had it in here but I don't see it. But what role did Julian play, especially in the early plans?

Mike Davis: I think for one thing Julian kept everybody on track with what they were supposed to be doing. Julian was a fussbudget, would that be a fair thing to say? He was a...

Mr. McManus: I certainly wasn't.

Mike Davis: Yeah, but he was. And perhaps to a fault. But the thing is that you could...

Mr. McManus: I think by definition of what a fussbudget is.

Mike Davis: But if you looked at the product he had in the end, you couldn't help but admire it. Because he made sure it was good. It read well and expressed the science accurately. You would never get shoddy work. Now the other side of that was that it might take forever for it to come out. It might lose its way as a result of that and he couldn't see that part of it. But I think which ever one, I guess it was the '99 to 2003 plan that I wrote the little intro, talking about Julian's work for Carl was really—it really says what it is he did for the NEI planning process.

Mr. McManus: I looked back at that.

Mike Davis: I mean it really says, you know, as much as program staff would complain and everything like that, in the end when it was done they were proud of what was done. If you got that and you were willing to put up with the slings and arrows so that people could be proud in the end of what was done, then that's sort of his testament.

Mr. McManus: And we will put a little section in there about yourself too because I think you made really significant contributions in your own way. Sort of trying to keep the quality high but to stick to the timetable also but we appreciated it. Was there anything else that you wanted to say, I mean we haven't talked about the Health Science Administrators (HASs) and like that and I didn't do that because you know we talked about so much. It was the first plan where there was little HSA involvement and after that you guys really got them involved and I think it was good for them.

Mike Davis: It was good for them and it's a...

Mr. McManus: HSA meaning Health Science Administrators, the PhDs and the extramural program staff who run the majority of the NEI program.

Mike Davis: Right and now they have another title since then.

Mr. McManus: What is it? I didn't know that.

Mike Davis: It's something different from the HSA. HSAs was our old term from the beginning. Is it SRA?

Mr. McManus: SRAs yeah.

Mike Davis: Scientific Review Administrators or something like that.

Mr. McManus: I never changed what I referred to them as.

Mike Davis: Well, that happened about 1990. I still just call them the Program Directors. And I think their involvement was a two-edged sword because many of them found it difficult to devote time to the effort. A critical thing that I would say is that we did part-time program planning. I never liked that; never agreed with it. I felt like either do it on a time schedule like Cancer does or if something you should do continuous program planning. Because what ended up happening was that we had a two-year cycle of burden on everybody who already had full time jobs. Even when we weren't doing program planning we were busy all the time. And when you dump that on top of routine duties, it became overwhelming for everybody. So periodically we would go through making them so angry at us that they wouldn't even talk with us for a couple of years.

Mr. McManus: That's true.

Mike Davis: So it is a two-edged sword. You get them involved but they want such limited involvement that you might end up with suffering in quality or quantity and where more would have been better you get less. But it's something you recognize, it's something you deal with. In the end you do the best you can to get the job done.

Mr. McManus: Well I think you guys did a great job. Thank you Mike.

Mike Davis: You're welcome.

End of interview